

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

4:15CV47-GHD-DAS

NORA DUCKSWORTH

Plaintiff

FILED

APR 20 2015  
DAVID CREWS, CLERK  
BY Deputy

CASE NO. (1) 0999 (2) 1288

v.

J. Bo. CID INVESTIGATOR. IN HIS INDIVIDUAL / CPT. CAROLYN WALKERIN HER INDIVIDUAL / Defendant CASE MANAGER J. ROBINSON IN HER INDIVIDUALLT. PATRICA JONES IN HER INDIVIDUAL AND WARDEN TIMOTHY MORRIS. ALLADMINISTRATOR AT MISSISSIPPI DEPARTMENT OF CORRECTIONS

PRISONER'S COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT

1. The Plaintiff's full legal name, the name under which the Plaintiff was sentenced, the Plaintiff's inmate identification number, the Plaintiff's mailing address, and the Plaintiff's place of confinement are as follows:

A. Legal name:

NORA DUCKSWORTH

B. Name under which sentenced:

NORA DUCKSWORTH

C. Inmate identification number:

46190

D. Plaintiff's mailing address (street or post office box number, city, state, ZIP):

HIGHWAY 49 WEST UNIT 29-C B Zone - BED-96  
PARCHMAN, MS. 38738

E. Place of confinement:

MISSISSIPPI STATE PENITENTIARY, PARCHMAN, MS.

2. Plaintiff names the following person(s) as the Defendant(s) in this civil action:

Name:

J. Bo. Bo

Title (Superintendent, Sheriff, etc.):

CID- INVESTIGATOR

Defendant's mailing address (street or post office box number, city, state, ZIP)

P.O. BOX CID- DEPARTMENT  
PARCHMAN, MS. 38738

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Name:

MRS. CAROLYN WALKER

Title (Superintendent, Sheriff, etc.):

CPT.

Defendant's mailing address (street or post office box number, city, state, ZIP)

HIGHWAY 49-WEST / P.O. Box 1057  
PARCHMAN, MS. 38738

Name:

MS. J. ROBINSON

Title (Superintendent, Sheriff, etc.):

CASE MANAGER

Defendant's mailing address (street or post office box number, city, state, ZIP)

HIGHWAY 49-WEST UNIT 29-G BUILDING  
PARCHMAN, MS. 38738

Name:

MR. PATRICK JONES

Title (Superintendent, Sheriff, etc.):

LT.

Defendant's mailing address (street or post office box number, city, state, ZIP)

HIGHWAY 49-WEST - P.O. Box 1057  
PARCHMAN, MS. 38738

(If additional Defendants are named, provide on separate sheets of paper the complete name, title, and address information for each. Clearly label each additional sheet as being a continuation of Question 2).

3. Have you commenced other lawsuits in any other court, state or federal, dealing with or pertaining to the same facts that you allege in this lawsuit or otherwise relating to your imprisonment? ☐ Yes ☒ No
4. If you checked "Yes" in Question 3, describe each lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuit(s) on separate sheets of paper; clearly label each additional sheet as being a continuation of Question 4.

A. Parties to the lawsuit:

Plaintiff(s):

Defendant(s):

B. Court:

C. Docket No.:

D. Judge's Name:

E. Date suit filed:

F. Date decided:

G. Result (affirmed, reversed, etc.):

5. Is there a prisoner grievance procedure or system in the place of your confinement? ☒ Yes ☒ No
6. If "Yes," did you present to the grievance system the same facts and issues you allege in this complaint? (See question 9, below). ☒ Yes ☐ No
7. If you checked "Yes" in Question 6, answer the following questions:

ND Miss. Form P3, COMPLAINT CHALLENGING CONDITIONS OF CONFINEMENT (4/00)

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A. Does the grievance system place a limit on the time within which a grievance must be presented?

☒ Yes☐ No

B. If you answered "Yes," did you file or present your grievance within the time limit allowed?

☒ Yes☐ No

C. The court must find that you exhausted the prison's grievance system and administrative remedies before it can consider this Complaint. State everything you did to present your grievance(s). Be specific. Include the date(s) on which you filed or presented your grievances to prison officers; identify the officer(s). State your claim(s) exactly.

I. Nora Ducksworth #46190 was written up - OCT. 9, 2014 - Time: 0947 - RUP No. 01463581 - Rule Violation # C-8 - Assaultive Action against another Person Resulting in Serious Physical Injury and also Received R.U.R. (2) on Oct. 9, 2014 - Time: 0952 - No. 01463582 Rule Violation # C-5 - Involvement in Disruptive, Assaultive, or Criminal Gang Activity. For an Incident that happen on (Sept. 2, 2014 - Concerning an Stabbing) To Inmate Franklin Martin #130650 that i don't know! Mississippi Department of Corrections (M.S.P.) - C.I.O. - Investigation Department Staff (Told to do Process) and Contrary to their Oath of Office. (Miss Code Ann § 47-5-41 and 47-1-27) This Abuses by The Mississippi Department of Corrections (M.S.P.) System is Prohibited by the (8) Eight and (4) Fourth Amendments and (6) Six Amendment and (14) Amendment and also

D. State specifically what official response your grievance received. If the prison provides an administrative review of the decision on your grievance, state whether you applied for that review and what the result was.

Attachment.

ON, January 12, 2015 MY (Administrative Remedy Program - M.S.P. No. 14-3006 First Step Response Form For RUP'S - 01463581 and 01463582 was seen by: Timothy Morris - Warden - Area-1. MR. Morris Stated: Offender Nora Ducksworth, #46190, Your request to have these RUP'S - 01463581 and # 01463581 removed from your file are denied! as you can see the same (Two) Number are the same in Warden Timothy Morris Response Form. When this incident happen on, Sept. 2, 2014 Warden Timothy Morris, Was not the Warden! Warden Turner was the Warden over Area-I on Sept. 2, 2014, Warden Timothy Morris, was (located) and the Warden at South Mississippi Corrections Institution)

**Special Note:** Attach to this Complaint as exhibits complete copies of all requests you made for administrative relief through the grievance system, all responses to your requests or grievances, all administrative appeals you made, all responses to your appeals, and all receipts for documents that you have.

8. If you checked "No" in Question 6, explain why you did not use the grievance procedures or system:

N/A

9. Write below, as briefly as possible, the facts of your case. Describe how each Defendant is involved. Write the names of all other persons involved. Include dates and precise places of events. Do not give any legal argument or cite any legal authority. If you have more than one claim to present, number each claim in a separate paragraph. Attach additional pages only if necessary; label attached pages as being continuations of Question 9.

On Oct. 9, 2014 (C.I.D. Investigation Department (Ms. P.) in Parchman, Ms. J. BoBo Stated an investigation was done concerning a Stabbing that took Place in Unit 29-C Building on Sept. 2, 2014 and written me two RUR'S concerning this Matter on an (Offender Statement) that was written. I Nor'd Ducksworth #46190 was accused of, RUR #NO. 01463581-<sup>68</sup> Assaultive Action resulting in Serious Physical Injury, by an organize member of this (Gangster DisPle) That told C.I.D. J. BoBo that i gave him an (Sharped Instrument to Stab Offender: Franklin Martin #130650, and RUR #NO. 01463582-<sup>65</sup> Involvement in Criminal Gang Activity- by Providing Material Support to the Gangster DisPle. I don't know. Either one of these guys Nor ever Assist any (Organize) Called (Gangster DisPle). Then on Oct. 9, 2014- CPT. Carolyn Walker was the, Delivering Employee- Time- 12/18 Hrs.

ON Oct. 13, 2014 Case Manager Robinson reported and Time- N/A- But have (AM) on the RUR'S, working days between date of Violation and hearing it was (22) days. Name of Investigator, Case Manager J. Robinson. Okay who were the (Investigator) (MR. J. BoBo which is Stated in the Details

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AND CIRCUMSTANCES? Now look at it. 9-2-14 Incident. 10-9-14 RUR'S Delivering But 10-13-14 Investigation Completed by a Case Manager J. Robinson that Never been in Law Enforcement to Investigate an CRIMINAL. Then NOV. 11, 2014 i went before LT. Patricia Jones

10. State briefly exactly what you want the court to do for you. Do not make legal arguments. Do not cite legal authority.

I, NORA DUCKSWORTH #46190 asking the Court to have Someone from there (DEPARTMENT) to Conduce an (INVESTIGATION) (#NO 01463581 and #01463582) Cause (MISSISSIPPI DEPARTMENT OF CORRECTIONS) (M.S.P) IS, ABUSING there "POLICIES AND PROCEDURES" AND there AUTHORITY when it come down to these (RULE VIOLATION REPORT'S) being written BY: STAFF MEMBER'S Here, EMPLOYEE'S At Mississippi Department of Corrections Then have it had and it just need to Stop! (25) Years of MY Incarcerating RECORD'S will show you that this offender use MY Bed number, Cause he Refuse to give up the one in the (ORGANIZE) of the (Gangster Disciple). So C.T.D. Just Ran with it when this organize member did the Slabbing on offender (FRANKLIN MARTIN #130650). I'm not No organize of know kind and I'm Fastless being accuse of, Giving Someone to hurt Some. C.T.D. Investigator have put MY Life in Danger do to this (INVOLVEMENT) with this (ORGANIZE) with this (Gangster Disciple'S). I just want This (Label) off MY. Thank You!

- Just want these RUR'S Removed -

This Complaint was executed at (location):

MISSISSIPPI DEPARTMENT OF CORRECTIONS (M.S.P)

and I declare or certify or verify or state under penalty of perjury that this Complaint is true and correct. PARHAM, MS.

Date: 2-11-15

Nora Ducksworth

Plaintiff's Signature

QUESTION 2) ADDING ADDITIONAL DEFENDENTS:

NAME: TIMOTHY MORRIS

TITLE: WARDEN

DEFENDENTS HIGHWAY - 49. WEST  
ADDRESS / P.O. BOX P.O. Box 1057  
ZIP PARHAM, MS. 38738

---

NAME: FRANKLIN MARTIN \* 130650

TITLE: OFFENDER: Whom Gotten Hurt

ADDRESS: (UNKNOW)



See Policy (01-01-01) Standard Operation Procedures. I, Nora Ducksworth #46190 have never been apart of any organize in MY (25 Year's) Of imprisonment Nor have i been written up for anything concerning any (CRIMINAL GANG ACTIVITY) Since MY imprisonment at (MISSISSIPPI DEPARTMENT OF CORRECTIONS)!! Never have (ASSAULTED NOONE WITH ANY SHARPENED INSTRUMENT OR KNIFE) In These (25 Year's) I don't have an (RULE VIOLATION REPORT'S) ON MY INSTITUTION RECORDS UNTIL NOW: OCTOBER 9, 2014 - NOW THAT EMPLOYEE: J. BOBO written Me up for: (ON INMATE WRITTEN STATEMENT) Then gonna States: Accessory to be involvement with (CRIMINAL GANG ACTIVITY) of This Group Called- (GANGSTER DISCIPLE.) This offender whom does This (CRIMINAL ACTIVITY) by: Calling MY: Bed Number; Cause he's To tell. (C.I.D. Investigator- J. BOBO) i gave him something to hurt Someone. he was to (Scared) to tell on that Someone in that Group of Guts inside that: (Gangster Disciple's.) I don't know this guy And it was wrong. (How I was written up to another offender Statement. The investigations was not, (CONDUCTED) right!

SIGNATURE;  
NORA DUCKSWORTH #46190  
Nora Ducksworth #46190  
HIGHWAY-49 WEST - M.S.P.  
UNIT-29-C-B-ZONE-BED-96  
PARCANA, MS. 38738

Question - 9 - Attachment

Was the (Hearing Officer). I, Nora Duckworth #46190 was Finding (Guilty) on, No# 01463581 and No# 01463582, Based on Statement of Reporting Staff. MY Statement were I did not have Nothing to do with this Incident! but, I Received two RUR'S for an Offender Statement! Then upon my RUR Appeal's Of the first Step MY Appeal's were Denied by: Warden, Timothy Morris - of AREA-I - Jan. 12. 2015.

SIGNATURE:

NORA DUCKWORTH # 46190  
Nora Duckworth  
HIGHWAY-49- WEST- M.S.P.  
UNIT-29-C-B-ZONE-BED-96  
PARCHEMAN, MS. 38728



(CWC)  
(SMCI)

## MISSISSIPPI DEPARTMENT OF CORRECTIONS

1-282-58  
N2 01463581

## RULE VIOLATION REPORT

(Unit Admin. Initial) W Zone / Tier 29C Unit B196 Cell / Bed # 111  
 Offender Duckworth MDOC# 116192 Violated Rule # C5 Entitled 11/1/14 Date 11/1/14 Approx. Time 11:17 Hrs.

By the specific act of \_\_\_\_\_

Weapon involved \_\_\_\_\_ Yes \_\_\_\_\_ No EXACT location of incident \_\_\_\_\_

## CIRCUMSTANCES AND DETAILS

Reporting Employee's Signature \_\_\_\_\_ Title \_\_\_\_\_ PIN# \_\_\_\_\_ Date 11/1/14 Time \_\_\_\_\_  
 Evidence \_\_\_\_\_ Yes \_\_\_\_\_ No Located \_\_\_\_\_ Placed in Segregation - PDA \_\_\_\_\_ No Yes- Location \_\_\_\_\_

I request witness(es) ☒ Yes \_\_\_\_\_ No \_\_\_\_\_Witness(es) (1) N/A (2) N/A

Unless waived, you are hereby notified that a hearing will be held within, no less than, twenty-four (24) hours and no more than (7) working days

I waive the right to a Hearing Yes ☒ No \_\_\_\_\_ACCUSED DELIVERING EMPLOYEE 11/1/14 DATE 10-9-14 TIME 12:181. Investigation began within 24 hrs of violation? Yes ☒ No \_\_\_\_\_ 2. Date/Time investigation completed 10/13/14 : AM PM.

3. If not completed without reasonable delay, explain: \_\_\_\_\_

4. Name of Investigator Bill J. Robinson5. Working days between date of violation and hearing 226. If more than seven (7) working days, explain: DisciplineIs accused offender in Trusty Status? Yes ☒ No \_\_\_\_\_ Does accused offender receive Earned Time? Yes ☒ No \_\_\_\_\_Name of Persons at Hearing - Accused Mr. Duckworth Hearing Officer C. Spate

Other \_\_\_\_\_

Accused's response Admit ☒ Admit w/ modifications \_\_\_\_\_ Deny \_\_\_\_\_Accused's Statement I don't

Documents read and discussed RVR \_\_\_\_\_ Investigation \_\_\_\_\_ Witness Statements \_\_\_\_\_ Other \_\_\_\_\_

FINDINGS: ☒ Guilty \_\_\_\_\_ Not Guilty \_\_\_\_\_ Reason for Findings: Based on report of staff statementPUNISHMENT: 30 days loss of phone privilege

Reason (s) \_\_\_\_\_ Seriousness of offense \_\_\_\_\_ The need to protect the institution, employees or others \_\_\_\_\_ Poor conduct record \_\_\_\_\_

Other 0

A total of \_\_\_\_\_ Rule Violations in \_\_\_\_\_ A total of \_\_\_\_\_ Rule Violations for Rule # \_\_\_\_\_

Signature: Patricia Jones Date: \_\_\_\_\_  
Hearing Officer

Appeal may be filed within 15 days with Legal Claims Adjudicator, c/o ARP, P.O. Box 609, Parchman, MS. 38738, after receipt of the Disciplinary decision.

Offender Signature: Mr. Duckworth Date: 11-11-14

Signature of Reviewing Superintendent/Warden/CSD/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Custody Reduction \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Due to guilty finding on the RVR, offender is ineligible to continue to receive Trusty Earned Time/ Remove from Trusty Status/ Trusty Earned Time effective \_\_\_\_\_ Signature \_\_\_\_\_

Loss of Earned Time Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Commissioner of Corrections or Designee \_\_\_\_\_

(CML/F) \_\_\_\_\_  
(OTHER) \_\_\_\_\_  
(CWE) \_\_\_\_\_  
(SMCI) \_\_\_\_\_

## MISSISSIPPI DEPARTMENT OF CORRECTIONS

N2 01463582

## RULE VIOLATION REPORT

(Unit Admin. Initial) NW Zone / Tier \_\_\_\_\_ Unit \_\_\_\_\_ Cell / Bed # Red 96  
 Offender James Smith MDOC# 41110 Violated Rule # C5 Entitled \_\_\_\_\_  
 Date 4/11/14 Approx. Time 1:02 Hrs.

By the specific act of giving material to inmateWeapon involved ✓ Yes \_\_\_\_\_ No \_\_\_\_\_ EXACT location of incident 29 C. Hall

## CIRCUMSTANCES AND DETAILS

Reporting Employee's Signature [Signature] Title [Signature] PIN# \_\_\_\_\_ Date 4/11/14 Time \_\_\_\_\_Evidence ✓ Yes \_\_\_\_\_ No- Located \_\_\_\_\_ Placed in Segregation - PDA \_\_\_\_\_ No \_\_\_\_\_ Yes- Location \_\_\_\_\_I request witness(es) ✓ Yes \_\_\_\_\_ No \_\_\_\_\_Witness(es) (1) N/A (2) N/A

Unless waived, you are hereby notified that a hearing will be held within, no less than, twenty-four (24) hours and no more than (7) working days

I waive the right to a Hearing ✓ Yes \_\_\_\_\_ No \_\_\_\_\_  
 ACCUSED James Smith DELIVERING EMPLOYEE TIA DATE 10-9-14 TIME 6:18

1. Investigation began within 24 hrs of violation? \_\_\_\_\_ Yes ✓ No \_\_\_\_\_ 2. Date/Time investigation completed 10/13/11 : \_\_\_\_\_ (AM/PM)

3. If not completed without reasonable delay, explain: \_\_\_\_\_

4. Name of Investigator Officer J. Robinson5. Working days between date of violation and hearing 22

6. If more than seven (7) working days, explain: \_\_\_\_\_

Is accused offender in Trusty Status \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Does accused offender receive Earned Time \_\_\_\_\_ Yes ✓ No \_\_\_\_\_Name of Persons at Hearing - Accused James Smith Hearing Officer [Signature]

Other \_\_\_\_\_

Accused's response \_\_\_\_\_ Admit \_\_\_\_\_ Admit w/ modifications \_\_\_\_\_ Deny \_\_\_\_\_ Accused's Statement I did notDocuments read and discussed \_\_\_\_\_ RVR \_\_\_\_\_ Investigation \_\_\_\_\_ Witness Statements \_\_\_\_\_ Other nothing to do with that, the hearing was justFINDINGS: ✓ Guilty \_\_\_\_\_ Not Guilty \_\_\_\_\_ Reason for Findings: Based on statement of reportPUNISHMENT: 3 days loss of canteen privilegesReason (s) \_\_\_\_\_ Seriousness of offense \_\_\_\_\_ The need to protect the institution, employees or others \_\_\_\_\_ Poor conduct record \_\_\_\_\_

Other \_\_\_\_\_

A total of 0 Rule Violations in 1/1 A total of \_\_\_\_\_ Rule Violations for Rule # \_\_\_\_\_Signature: [Signature] Date: \_\_\_\_\_

Hearing Officer

Appeal may be filed within 15 days with Legal Claims Adjudicator, c/o ARP, P.O. Box 609, Parchman, MS. 38738, after receipt of the Disciplinary decision.

Offender Signature: [Signature] Date: 11/11/14

Signature of Reviewing Superintendent/Warden/CSD/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Custody Reduction \_\_\_\_\_ to \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Due to guilty finding on the RVR, offender is ineligible to continue to receive Trusty Earned Time/ Remove-from Trusty Status/ Trusty Earned Time effective \_\_\_\_\_ Signature \_\_\_\_\_

Loss of Earned Time \_\_\_\_\_ Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Commissioner of Corrections or Designee

Original with All Attachments - Records 1st Copy - Offender 2nd Copy - Working File 3rd Copy - Reporting Employee

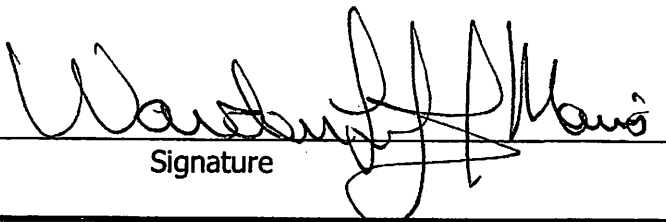
**MSP-14-3006**  
**FIRST STEP RESPONSE FORM**  
**For RVRs**

You must return your response to the Legal Claims Adjudicator within 30 days of the date the request was initiated.

Offenders' Name and #: **Nora Ducksworth, #46190**  
Unit: **29-L**

1<sup>st</sup> Step Respondent: **Timothy Morris**  
Title: **Warden - Area I**

Offender Nora Ducksworth, #46190, your request to have these RVR's #01463581 and #01463581 removed from your file are denied.

  
Signature

1-12-15  
Date

The above named inmate has fulfilled the requirements of the Administrative Remedy Program for an RVR appeal and is eligible to seek judicial review within 30 days of receipt of this First Step Response.

Nora Ducksworth 46190  
Inmate's Signature DOC #

1-17-15  
Date



ma power  
McF Ds  
833 West Street  
Holly Springs N.C. 38635

**RECEIVED**

MAR 16 2015

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

United State Northern District  
301 W. Commerce Street #13  
Chickadee N.C. 38730

Hasler  
03/17/2015  
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MECF D5  
833 West Street  
Holly Springs Ms. 38635

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APR 20 2015

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF MISSISSIPPI

United States District Court  
Northern District of MS.  
301 W. Commerce St #13  
Aberdeen Ms. 39730

397309999999

